

CARBON COUNTY 24-HOUR PERMIT APPLICATION

(check one)

Malt Beverage ☐

Catering Permit ☐

Name of Applicant: _____

Organization: _____

Address of Applicant: _____

Phone # of Applicant: _____

Purpose of Permit: _____

This 24-hour permit will be located at

A copy of the Agreement between _____(property owner) and Applicant is attached to this permit. The date and time for use of the permit is below:

Day(s) of _____

From _____(AM/PM)

To: _____(AM/PM)

Dated: _____

Name of Applicant

Permit Issued
